

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

1558

State File No. _____

Registrar's No. _____

FILED JAN 30 1942

Registration District No. _____

Primary Registration District No. _____

1. PLACE OF DEATH:

(a) County Adair
(b) City or town Kirksville
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 301 South High St.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 69 yr. (Specify whether years, months or days)
In this community 69 yr.

3. (a) PRINT FULL NAME Emmett W. Williams

3. (b) If veteran, name war No 3. (c) Social Security No. No

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced Married
(b) Name of husband or wife Lydia Ann Williams 6. (c) Age of husband or wife if alive 26 years
7. Birth date of deceased November Co. 26 1872
(Month) (Day) (Year)

8. AGE: Years 69 Months 0 Days 10 If less than one day hr. min.

9. Birthplace Adair Co. Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation painter

11. Industry or business _____

12. Name _____
13. Birthplace _____ (City, town, or county) (State or foreign country)

14. Maiden name Elizabeth Stotts
15. Birthplace Lewis County Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant Lydia Ann Williams
(b) Address Kirksville Mo.

17. (a) Burial (b) Date thereof 12-10-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Lewistown Mo.

18. (a) Signature of funeral director DE Eshley
(b) Address Kirksville Mo.

19. (a) 12/15/41 (b) Thos. J. Wagner
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Adair
(c) City or town Kirksville
(If outside city or town limits, write "RURAL")
(d) Street No. 301 South High Street
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 12 day 6
year 1941 hour 10 minute 35 P M.

21. I hereby certify that I attended the deceased from 12/6
1941, to 12/6, 1941;

that I last saw him alive on 12/6, 1941;
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary embolism
Duration ✓

Due to ?
Due to ?

Other conditions Cholelithiasis
(Include pregnancy within 3 months of death)

Major findings:
Of operations 772
Of autopsy _____
PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____ (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? _____ (Specify type of place) (e) Means of injury ✓

23. Signature H. D. McFarlane (M. D. or other) ✓
Address Kirksville Date signed 12/15/41

RECEIVED

District Health Officer No. 10

District File Number

1-42-178

Date Filed

JAN 27 1942

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed

Dev Riley

Licensed Embalmer No.

4181

P. O. Address

1515 Kille Rd

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.